

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056

**LICENSING APPLICATION:
Technician –
Reinstatement after Revocation
Form LA-70****INSTRUCTIONS**

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

Disclosure of information is voluntary. However, failure to disclose all requested information may result in denial of your application. Applicants have an obligation to update and supplement this information and application responses if changes occur. Failure to do so may result in disciplinary action, including, but not limited to, denial of future licenses.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy for \$68. Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your current driver's license or government-issued photo ID. If the name on your ID is different from that shown on your application, you must submit proof of a legal name change (certified copy of marriage license, divorce decree, or court order).

Attach a completed and notarized S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card.

APPLICANT INFORMATION

Previous Kansas Technician Registration #		Original License Date		License Revocation Date	
First Name		Middle Name		Last Name	
Social Security Number*			Other Name(s) Used:		
Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (City, State)		
Permanent Mailing Address					
City	State	Zip	County		
Home Phone	Cell Phone		Email		

*Your social security number is required pursuant to 42 U.S.C. 666(a)(13), K.S.A. 74-148 and K.S.A. 39-758, and may be provided to the Kansas Department of Revenue or Kansas Department for Children and Families for child support enforcement purposes upon request

☐ Yes ☐ No **Are you a United States citizen?**

If no, are you a: (check one)

- ☐ 0061 qualified alien as defined by 8 U.S.C. 1641
- ☐ a nonimmigrant under the Immigration and Nationality Act (8 USCA 1101 et seq.)
- ☐ an alien who is paroled into the United States under 8 USC 1182 (d)(5) for less than one year
- ☐ other: _____

EDUCATION INFORMATION Check one of the following qualifications:

☐ High School

Name of School: _____ City: _____ State: _____

Attended From: _____ To: _____ Date Degree Received/Anticipated: _____


☐ GED

Date Received: _____ Issuing State: _____

Initials: _____

OFFICE USE ONLY

Permit #: _____ Fee: \$ _____ Date: _____ Check #: _____

	<p align="center">STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056</p>	<p align="center">LICENSING APPLICATION: Technician – Reinstatement after Revocation Form LA-70</p>
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EMPLOYMENT PLANS Check one of the following:

<input type="checkbox"/> I have not yet been hired for a position as a pharmacy technician.	
<input type="checkbox"/> I have been hired for a position as a pharmacy technician at:	
Pharmacy Name	Pharmacy Registration Number*
Pharmacy Contact Person	Phone

*If you do not know the Pharmacy Registration Number, go to www.accesskansas.org/pharmacy-verification.

DISCIPLINARY INFORMATION

Make sure to include information on why your Kansas technician registration was revoked.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Has there been a denial, revocation, suspension, voluntary surrender, or any other disciplinary action taken by the State of Kansas or any other jurisdiction against any professional or occupational license or registration held by you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been the subject of any disciplinary action taken against a professional or occupational license or registration?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are there any pending or unresolved complaints or investigations against you by any licensing authority or professional or occupational association?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, DEA, or any other federal or state drug enforcement authority?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you been convicted of (includes plea of guilty or no contest) a criminal offense or is there any criminal charge now pending against you (other than minor traffic violations) in any state or federal court whether or not a sentence was imposed, suspended, or diverted? This includes misdemeanors.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever been pardoned from a felony or misdemeanor criminal conviction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever had a felony or misdemeanor conviction expunged from your record?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been convicted of (includes plea of guilty or no contest) or charged with a violation of any federal or state drug law(s) or rule(s) whether or not a sentence was imposed, suspended, or diverted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Are you now or have you in the last five years been treated for a drug or alcohol addiction or participated in any substance abuse rehabilitation program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Do you currently have an alcohol, drug, or other substance abuse problem?

If you answered YES to any of the above questions, please attach Form S-150: Personal History.

APPLICANT CERTIFICATION

By virtue of filing this application, I do solemnly swear or affirm that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the copy of my driver's license or other identifying photographic identification attached hereto is a true likeness of myself. I authorize the Kansas State Board of Pharmacy to review files pertaining to my registration and practice, all law enforcement, administrative, and motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the Kansas State Board of Pharmacy. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED